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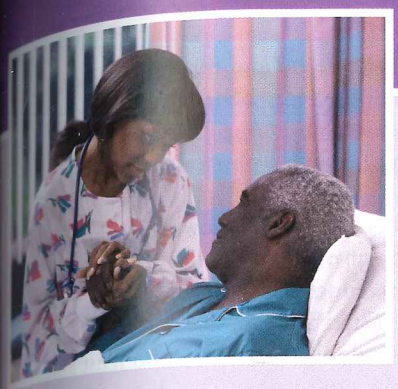
Spiritual Health

Lisa Burkhart
Loyola University Chicago, eburkha@luc.edu



CHAPTER 22

Spiritual Health

EVOLVE WEBSITE/RESOURCES

http://evolve.elsevier.com/YoostCrawford/fundamentals/

- Additional Evolve-Only Review Questions With Answers
- Answers and Rationales for Text Review Questions
- Answers to Critical-Thinking Questions
- Case Study with Questions
- Glossary

LEARNING OUTCOMES

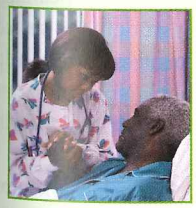
Comprehension of this chapter's content will provide students with the ability to:

LO 22.1 Describe spirituality and spiritual practices in which people may engage.
LO 22.2 Discuss religion and religious practices that can promote spiritual health.
LO 22.3 Identify ways in which nurses provide spiritual care.
LO 22.4 Explain the use of spiritual assessment frameworks.
LO 22.5 Articulate nursing diagnoses appropriate for the care of patients with spiritual concerns.
LO 22.6 Describe the interdisciplinary aspects of planning when spiritual needs are identified.
LO 22.7 Create a care plan that includes personalized spiritual care interventions and evaluation criteria.

KEY TERMS

agnostic, p. 402
atheist, p. 402
faith, p. 398
faith community nursing, p. 402
hope, p. 398
prayer, p. 398
reflection, p. 398
religion, p. 398
spirit, p. 398
spiritual care, p. 399
spiritual distress, p. 404
spirituality, p. 398
transcendence, p. 398

CASE STUDY



Richard Gardner (R. G.) is extubated by the nurse who has provided his care for several days. When he begins to talk, he exhibits an easy sense of humor and shares with the nurse how much he misses being at home with his wife and how much she likes chocolate. He jokingly wonders how he can "sneak out" to buy her a box of candy.

During medical rounds the attending physician walks into R. G.'s room and bluntly, yet gently, tells R. G. that he has bronchoalveolar carcinoma that is untreatable in its advanced state and that the cancer will lead to his death. The physician suggests that R. G. start thinking about whether he wants to be intubated or resuscitated in the event of respiratory distress or cardiac arrest. No family members are present when the physician conveys this information, and R. G. is left to tell his family about his recent diagnosis.

When the physician leaves, the nurse holds R. G.'s hand and expresses sadness regarding his situation. He shares with the nurse that he just wants to go home so that he can die in his own bed. The nurse points out that the doctor did not say that he was going to die right away, and reminds R. G. that he has a box of chocolates to buy, which makes him laugh. He starts wondering aloud if he should tell his son or his wife first. He begins to talk about his children and grandchildren whom he will "leave behind." The nurse listens to his stories, providing compassionate presence, and holds his hand for quite a while because it is evident that he wants company.

Refer back to this case study to answer the critical-thinking questions throughout the chapter.

Nursing has a long history of recognizing and integrating spiritual care into nursing care, beginning with the religious orders in the Middle Ages and continuing with Florence Nightingale in the 1800s to the present. Research has demonstrated that higher levels of spiritual health are associated with increased adherence to treatment regimens, less symptom distress, decreased pain levels, lower anxiety, better anger management, enhanced quality of life, longer survival with chronic illness, less depression, and lower mortality rates (Ganocy, Goto, Chan, et al., 2016; van Groenestijn, Reenen, Visser-Meily, et al., 2016; Ironson & Dremer, 2016; Mefford, Thomas, Callen, & Groer, 2014; World Health Organization, 2006). Particularly in the oncology patient population, higher levels of spiritual well-being are associated with increased levels of general health, hope, coping, social functioning, self-rated health, and quality of life and with less depression, financial strain, and suicidal ideation (Allmon, Tallman, & Altmaier, 2013; Canada, Murphy, Fitchett et al., 2016; Edward, Welch, & Chater, 2009; Krause, 2006; Motyka, Nies, Walker, & Schim, 2010). Ruth-Sahd et al. (2018) report that spirituality impacts patient length of stay and level of satisfaction associated with care. The body of spirituality research led to The Joint Commission's (TJC's) requirement to provide spiritual care within a multidisciplinary environment in hospitals.

Traditionally, chaplains were the primary providers of spiritual care, but with the adoption of the TJC requirement, spiritual care became multidisciplinary in focus. Aspects of spiritual care are included in the American Nurses Association (ANA) scope and standards of practice (ANA, 2015b), Social Policy Statement (ANA, 2010), and Code of Ethics (ANA, 2015a). The American Association of Colleges of Nurses (AACN) *Essentials of Baccalaureate Education* (2008) requires registered nurse graduates to be capable of conducting a spiritual assessment and recognizing the impact of spirituality on health care. Integrating spiritual needs into a patient's plan of care is imperative to providing holistic care.

Spirituality and religion are complementary yet distinctly different concepts. *Spirituality* focuses broadly on the search for meaning in life, death, and existence, whereas *religion* is an organized, structured method of practicing faith and faith tradition, which expresses one's spirituality. Nurses must explore and appreciate the roles both play in people's lives to better understand the attitudes of patients toward health, illness, and health care.

SPIRITUALITY LO 22.1

Spirituality is the expression of meaning and purpose in life (Siddall, Lovell, & MacLeod, 2015). It is the manifestation of the innermost self. Human beings express spirituality through their unique capability for thought, contemplation, and exploration of meaning and purpose in life. That unique human dimension of self is the **spirit**; the expression of the spirit is spirituality. People have different belief systems defining *spirit.* Some believe the spirit to be the brain, whereas others believe it to be a complex entity or phenomenon that connects with a higher power, or God. Regardless of the belief system, humans are capable of high levels of thought, and this exploration of meaning and purpose in life affects behavior and health. Therefore spirituality is universal among humans and is a central dimension of health, affecting its physical, psychological, and social aspects.

Spirituality involves movement toward growing as a human being throughout life. Such growth happens over time in an ebb-and-flow fashion. **Transcendence** is the process of moving beyond one's current self (Siddall et al., 2015). Spirituality requires **faith**, a belief beyond self that is based on trust and life experience rather than scientific data. The ability to have faith allows people to demonstrate **hope** (confident expectation) of a positive outcome in the face of challenging circumstances. Both faith and hope are related to how people practice spirituality.

SPIRITUAL PRACTICES

People search for meaning and purpose by engaging in activities to promote their spirituality (Burkhart & Hogan, 2008). These activities are called *spiritual practices.* Overall, spiritual practices promote three types of activities: connecting with oneself through reflection, connecting with others through relationships, and connecting with a higher power through faith rituals. **Reflection** is the process of contemplating experiences, sometimes even life-changing experiences, and searching for meaning in those events. For example, many nursing students choose to enter nursing school because they have had a life experience that called them into nursing (e.g., a death in the family, observation of nurses in action, a desire to help people). The process of choosing nursing as a career involves engaging in reflection and finding personal meaning in the nursing profession. Not all life experiences require reflection, but those that do often help the person grow spiritually. Many people use methods such as intellectual, artistic, and meditative practices as well as communing with nature to facilitate the process of reflection (Fig. 22.1).

People may express their spirituality within relationships with others. Great meaning can be found in friendships, family relationships, and partner and spouse relationships. These connections with other people can support and contribute to spiritual growth. Nursing students frequently discuss meaningful clinical experiences with other nursing students to search for meaning and purpose in their chosen profession and help cope with stressful life experiences. This sharing process helps those involved discern meaning and promote spiritual growth and transcendence.

Some people find meaning in **prayer**, which is spoken or unspoken communication with a higher power. The specific mode of praying often is influenced by the person's religious or faith belief system.

RELIGION LO 22.2

Religion provides a structure for understanding spirituality and involves rites and rituals within a faith community. Many people express their spirituality through religion. Most religions

celebrate life events such as birth, marriage, and death with rituals such as baptism, marriage ceremonies, and funerals (Fig. 22.2). Religion can provide a process of discerning meaning and purpose during crises, particularly crises involving health. Therefore religious faith rituals are important in promoting health.

Religious traditions may challenge accepted medical culture, such as when people of the Jehovah's Witness faith refuse lifesaving blood transfusions for themselves or family members. During the assessment process, nurses need to seek information from patients regarding their personal religious practices that may affect medical treatment. An important point in this context is that although some religions are known for specific faith traditions or rituals, not all members of a religious community may subscribe to commonly held beliefs or customs. It is always better for nurses to ask patients about specific spiritual needs or beliefs rather than assume their adherence with those of the general religion to which they belong. Table 22.1 briefly describes the spiritual beliefs of several major world religions and summarizes corresponding traditional health beliefs and spiritual practices.

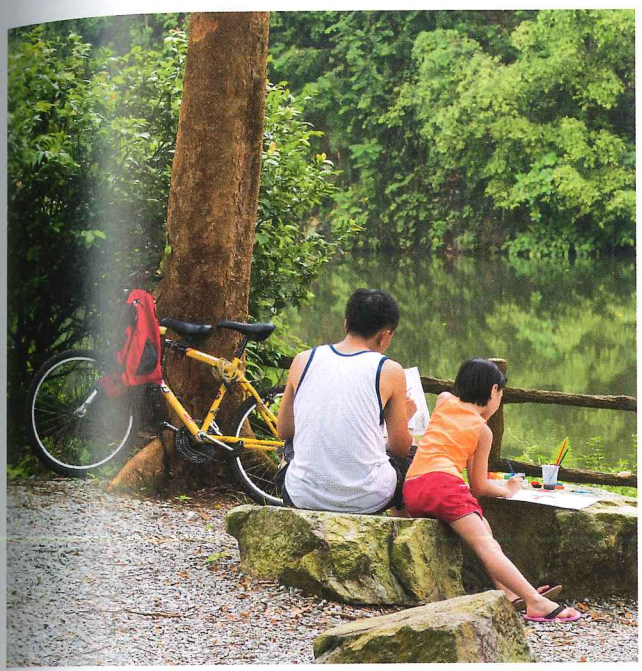


FIGURE 22.1 Artistic endeavors and enjoyment of nature facilitate the process of reflection. (Copyright istock.com.)

SPIRITUAL CARE LO 22.3

Spiritual care in nursing practice is a mutual, purposeful, interactive process between a nurse and a patient, which may include family, to promote the patient's spiritual health (Burkhart & Hogan, 2008). Nurses provide spiritual care when they recognize the interconnectedness of the physical, cultural, and spiritual realms and actively seek to understand and provide for each patient's holistic needs. Overall, spiritual interventions foster the exploration of meaning and purpose by promoting patient self-reflection, promoting connections with others, and/or promoting connections with a high power, as appropriate. Specific interventions to achieve these aims will vary. The nurse may encourage the patient to discuss the meaning of a new diagnosis or encourage the patient to share that meaning with loved ones. The nurse also may refer a patient to a chaplain or preferred spiritual adviser for support, to baptize an at-risk infant in an emergency situation, to pray with a patient on

FIGURE 22.2 Religious rituals provide a framework for honoring life events such as birth, marriage, and death. (*Top left,* Copyright istock.com. *Bottom left and right,* Copyright Thinkstock.com.)

TABLE 22.1 Common World Religions, Health Beliefs, and Spiritual Practices

FOUNDATIONAL BELIEFS	HEALTH BELIEFS AND PRACTICES
Buddhism	
The two different types of Buddhism are Mahayana and Theravada. The four noble truths are: • Life is suffering. • Origin of suffering is want. • Cessation of suffering is to not want (middle path—moderation). • Think right in terms of view, intent, speech, conduct, means of livelihood, endeavor, mindfulness, and meditation. Karma—cause and effect, rebirth—is the concept that what happens in the next life is contingent on how the person lived the previous life. Rebirth occurs until the person reaches nirvana. There is collective karma, which affects social behavior. Thus government should promote health because it is the right thing to do.	Health is a balance of mind, body, emotion, and spirit. Death includes both physical and mental termination. The family stays with the body for 2 hours before it is transferred off the nursing unit. Bodies are cremated. Meditation calms the mind and body.
Christianity	
Abrahamic religion (descended from Abraham) Beliefs include that Jesus Christ was incarnate of God and that the Trinity is the Father, Son, and Holy Spirit as one. There are an estimated 43,000 different denominations of Christianity worldwide (Heim, 2017), including those listed, with different rituals and sacraments. • Catholic • Orthodox • Anglican • Episcopal • Lutheran • Presbyterian • United Methodist • Baptist • United Church of Christ • Nondenominational Sacraments practiced in some denominations include baptism, confirmation, matrimony, penance, anointing of the sick, and communion.	Health is viewed as a balance or integrated whole of physical, psychological, social, ethical, and spiritual dimensions at the individual and societal levels. it is important to love God, self, and others within this integrated whole. Providing health care is very important at the individual and global levels. Health care should help relieve both pain and suffering, whether physical, psychosocial, or spiritual. Forgiveness is a major theme. Many Christians believe in prayer as a means of healing. both proximal and distant intercessory prayers are encouraged.
Confucianism, Taoism, Buddhism, Chinese Folk Religion, and/or Combinations of These	
Ethical principles and empathy may be applied to everyone throughout life, creating a moral social order. Five family relationships represent characteristics that are the basis of a moral, well-ordered, harmonious society: • Gentility/humility (older/younger brothers) • Righteous behavior/obedience (husband/wife) • Consideration/deference (elders/children) • Benevolence/loyalty (ruler/subject) • Chi is life energy manifested in a balance between yin (feminine energy) and yang (masculine energy) Spiritual immortality is achieved through noninterference with and removal of obstructions to the natural flow of chi, creating harmony with Tao, or one's own human nature.	Health is balanced chi. Health practices to restore yin-yang balance may include: • Acupuncture • Nutrition • Herb therapy • Exercise (yoga, tai-chi-chuan, chi-kung) • Moxibustion (burning of the mugwort herb to produce heat for promoting circulation) • Cupping (external suction therapy to improve circulation; usually used for pain, respiratory, or digestive problems) • Gua sha therapy (rubbing or scraping oiled skin to produce intentional surface bruising, to treat fever and pain) • Meditation • Inclusion of family in decision making

TABLE 22.1 Common World Religions, Health Beliefs, and Spiritual Practices—cont'd

FOUNDATIONAL BELIEFS	HEALTH BELIEFS AND PRACTICES
Hinduism This ancient religion was originally polytheistic and is now monotheistic. Brahma is the ultimate God; different lesser gods are various aspects of the one God: Brahma (creator), Vishnu (preserver), Shiva (destroyer). Basic beliefs include: • Vedas is the law. • Samara is reincarnation. There is a cycle of birth and rebirth. • Karma is consequence. Bad or good experiences are a result of past bad or good behaviors. • Moksha is the path of liberation toward ultimate harmony and occurs through reincarnation. • Dharma is moral conduct.	Health is a harmonic balance of body, mind, and spirit in relation to the environment. Illness is a buildup of toxins. External toxins include pollution and infection. Internal toxins include fear, anger, greed, sorrow, or grief. In death the soul, or atman, is immortal, whereas the body perishes. Atman is reborn through moksha toward ultimate Brahma. Ayurvedic medicine focuses on cleansing the body of toxins and restoring balance. It includes dietary and elimination patterns. Restoring the balance of mind, body, and spirit includes yoga or meditative practices. Health practices include: • Fasting to remove toxins (hot or cold food and drink also help remove toxins) • Yoga or meditative practices • Preference for modesty and same-sex caregivers • Astrology, which can be part of decision making • Belief that pain and suffering are due to bad karma • Dietary restrictions, prayer, and jewelry, which are part of rites and rituals • Vegetarianism
Islam Abrahamic religion Beliefs include that there is one God and that Muhammad is the prophet. Teachings are from the Koran (divine word) and Sunnah (Muhammad's life), for moral imperatives and spiritual values. Rituals include the five pillars of Islam: • Believe in one God. • Pray five times a day, facing Mecca. • Give alms for the less fortunate. • Fast during Ramadan. • Make a pilgrimage to Mecca.	God gave life, and it is the responsibility of people to maintain dignity and take care of the body. Life on earth is a testing ground for the afterlife. Therefore following rituals is critical at all times. Religious practices affecting health care include: • Privacy for prayer • Preference for modesty and same-sex caregivers • Family involvement in decision making • Imam (religious leader) sometimes involved in decision making • Dietary restrictions (no pork) • No or limited alcohol consumption
Judaism Abrahamic religion Beliefs include that there is one God and that God established a covenant with the Jewish people. Life is a gift from God and is precious. There are many movements or denominations, with varying levels of observance. The most common are identified by their beliefs and practices: • Orthodox • Conservative • Reform (Progressive) Rites and rituals include specific foods and holiday observance. Sabbath is Friday night to Saturday night.	Everything possible should be done to preserve life. Religious practices affecting health care include: • Kosher diet includes restrictions on pork and shellfish, no mixing of meat and dairy, and consumption only of food that has been designated as kosher. Adherence to a kosher diet varies. • Holiday observance varies. • A newborn son may be circumcised on the eighth day of life in a ritual called a *bris*. Circumcision is typically not performed in the hospital. • Restrictions on work during Sabbath may affect health care treatment.

Continued

TABLE 22.1 Common World Religions, Health Beliefs, and Spiritual Practices—cont'd

FOUNDATIONAL BELIEFS	HEALTH BELIEFS AND PRACTICES
Native American Spirituality	
Mother Earth and nature are sacred. Relationships to people and nature are valued. Listening, seeing, and peace are central to life. Sacred traditions vary depending on the tribe or nation with which a person identifies. There are 567 federally recognized tribes and nations in the United States (U.S. Department of Indian Affairs, 2017) Rituals, ceremonies, and storytelling are central to the religion.	Health is a balance of mind, body, and spirit and is connected to and continually interacting cyclically with nature. Illness is an imbalance. Healing is restoring that balance. Death is the journey to the afterlife. Rituals assist in that journey; the spirit needs to be released. The rituals differ by tribe. The shaman, or medicine man or woman, helps restore the balance between the person and natural forces within a new relationship context. Healing rituals include: • Herbal medicines • Dances, songs, and prayers • Sweat lodge ceremonies (incorporate prayers and sauna conditions in sweat lodge structures) • Storytelling
Sikhism	
The leader, Guru, is more than a teacher and is aligned with divine. Belief focuses on God, equality, truthful living, avoidance of superstition, and study of the teachings of the gurus. Meditation is used to reveal inner light. Five physical symbols, or 5K, are worn by devotees: • Uncut hair • A wooden comb • A steel bracelet • Cotton underwear • A ceremonial sword	Health and disease are a continuum. Health is not viewed only physically. Ceremonies are conducted at birth. Body preparation is completed upon death. Religious leaders and families may participate in decision making. Medical care is welcomed along with religious rituals. Religious practices affecting health care include: • Daily bathing • Scripture reading • Shaving restriction • Modesty • Wearing of a turban head covering

From Sorajjakool, S., Carr, M.F., Bursey E. (2017). *World religions for healthcare professionals* (2nd ed.). New York: Routledge; Heim. D. Century Marks: Christian Disunity. *Christian Century. 134*(8), 2. 2017; U.S. Department of Indian Affairs. (2017). About Us. Retrieved from https://www.bia.gov/about-us.

request, or to facilitate implementation of faith-related rituals for a patient facing a life-changing experience such as birth or death. Spiritual care differs according to the patient's developmental age. Spiritual care needs to be provided in a manner consistent with a patient's own faith developmental level, as further described in Box 22.1.

Research has shown that adult patients want nurses to promote hope, positive perspectives, giving love to others, finding meaning and understanding, and relating to God (Taylor, 2006). Creating an environment of compassion and caring so that patients and families feel comfortable in expressing their spiritual needs is a prerequisite to providing spiritual care. If the patient does not experience compassionate warmth from the nurse, the patient will not accept spiritual care. Patients who describe themselves as being an **atheist** (believing that God or higher powers do not exist) or an **agnostic** (believing that the nature or existence of God is unknowable) require compassionate, nonjudgmental care similar to that for all other patients. It is essential for nurses to respect the personal beliefs of everyone, even if they are dramatically different from their own. If the beliefs of a patient change because of a health crisis, referral to a chaplain, member of the clergy, or a spiritual adviser may become appropriate.

QSEN FOCUS!

Providing spiritual care is essential to meeting patients' needs and a vital component of patient-centered care.

FAITH COMMUNITY NURSING

Registered nurses may provide spiritual care through **faith community nursing** (formerly parish nursing), an area of nursing practice that originated from the work of the Reverend Dr. Granger Westberg in the mid-1980s. Some roles of a faith community nurse are health adviser, health educator, advocate, liaison to faith and community resources, coordinator of volunteers, and developer of support groups. Faith community nurses seek to provide holistic care by focusing on the mind, body, and spirit in addition to community wellness. Parish nursing was designated as a specialty by the ANA in 1997. *Faith Community Nursing: Scope and Standards of Practice,*

BOX 22.1 DIVERSITY CONSIDERATIONS

Life Span

Fowler's Theory of Faith Development (1981, 2002) describes the developmental phases of faith:

- *Infant (primal faith):* Building trust and loving relationships is fundamental.
- *Toddler/preschool (intuitive projective faith):* With language development comes the ability to find meaning in stories and an understanding of good versus evil.
- *School age (mythic-literal faith):* Spiritual growth happens as a result of finding meaning in social relationships and applying principles of ethical and moral reasoning.
- *Adolescence (synthetic-conventional faith):* Beginning with abstract thinking and the development of self-identity, this is the time of rejecting concrete rules and finding personal meaning in one's own faith beliefs, which may not be thoroughly examined.
- *Young adulthood (individuative-reflective faith):* Self-identity is established with a greater understanding of self and appreciation of different perspectives. At this level, decisions are based on a broader world view.
- *Middle adulthood (conjunctive faith):* The person has the ability to accept that multiple interpretations of reality exist. An openness to various religions and faith traditions is exhibited in a person who reaches this stage.
- *Older adult (universalizing faith and the God-grounded self):* The person understands self as part of a universal "whole" of love and justice.

Gender

Gender differences include the following:

- Women more often want communication and reflection with others, along with personal spiritual and religious practices.
- Men typically want facts and information to assist in decision making and participate less in daily spiritual practices than women (Jacobs-Lawson, Schumacher, Hughes, & Arnold, 2010).

Culture, Ethnicity, and Religion

- Religious traditions differ in spiritual practices. People of various cultural backgrounds, including African Americans, Asians, and Hispanics, particularly those with chronic illness, find spiritual care to be important to health (Chai, Krageloh, Shepherd, & Billington, 2012; Simoni, Frick, & Huang, 2006).
- Life experiences affect the need for spiritual care. People with chronic illness require more spiritual care (Canada, Murphy, Fitchett, & Stein, 2016; van Groenestijn, et al., 2016; Ironson & Dremer, 2016; Logan, Hackbusch-Pinto, & De Grasse, 2006).
- Cultural practices surrounding illness and death vary depending on the faith tradition of patients and their families. Nurses must ask about preferences and try to accommodate requests as much as possible.

Disability

- Parents of chronically and terminally ill children report God and spirituality as their most frequent coping resources (Haley, 2017).
- Professional support by faith or religious leaders, family, friends, and counselors for intellectually and developmentally disabled people who are grieving is critical to their ability to understand and cope with loss (Read, 2014).

3rd ed (ANA and Health Ministries Association, 2017) defines the parameters of faith community nursing. Faith community nurses come from many faith traditions; recognized groups include Jewish Congregational Nurses and Muslim Crescent Nurses, as well as registered nurses working within a wide variety of Christian traditions. The Westberg Institute, formerly known as the International Parish Nurse Resource Center, provides educational and resource materials for this specialty in collaboration with the ANA and the Health Ministries Association. More information about the Westberg Institute and faith community nursing is available at https://westberginstitute.org/.

ASSESSMENT LO 22.4

Spiritual assessment is a process of determining spiritual needs and can take many forms. To comply with TJC's requirement, many institutions incorporate initial spirituality-focused questions into the hospital admission process (Box 22.2). The admissions office or the admitting care provider may ask initial screening questions about the patient's religious tradition, whether the patient's faith community should be notified, and whether care providers need to know of the patient's spiritual or religious needs or practices (Boxes 22.3 and 22.4). Some spiritual assessment frameworks use acronyms to structure this information (Table 22.2).

Nurses assess for spiritual needs on an ongoing basis to determine what holds meaning and purpose in the patient's life. The assessments happen during conversations about family

BOX 22.2 HEALTH ASSESSMENT QUESTIONS

Spiritual Health

- Do you have family in the area? (Assess for family importance, relationships, and meaningful experiences at this time.)
- Is there anyone you would like to call?
- How are you handling this hospitalization or illness?
- What faith practices or beliefs will help you cope with this illness or hospitalization?
- Do you have any dietary or treatment guidelines/restrictions related to your spiritual/religious beliefs?
- Do you belong to a faith community? Do you want the community to be notified? Would you like a chaplain to visit?

BOX 22.3 ETHICAL, LEGAL, AND PROFESSIONAL PRACTICE

Responsibilities Associated With Spiritual Care

- Because of privacy and HIPAA requirements, health care providers cannot contact a faith community without the consent of the patient. Therefore most health care institutions ask, as part of the admission process, whether a faith community should be notified.
- The Joint Commission (2018) requires a spiritual assessment be conducted with patients receiving care in a variety of settings including hospitals, long-term care facilities, or homes. The health care facility or organization determines the exact content of the spiritual assessment.
- Provision 1 of the ANA Code of Ethics for Nurses with Interpretive Statements (2015a) stresses the importance of considering religious and spiritual beliefs when planning patient-, family-, or community-centered care.
- The International Council of Nurses Code of Ethics for Nurses (2012) urges all nurses to promote environments in which the human rights, customs, spiritual beliefs, and values of individual patients, families, and communities are respected.

BOX 22.4 EVIDENCE-BASED PRACTICE AND INFORMATICS

Spiritual Assessment Data Accessibility in Electronic Health Records

- Most electronic health records (EHRs) incorporate spiritual assessment and intervention flowsheets for documentation of spiritual care. Health care agencies integrate spiritual assessment tools such as the FICA Spiritual History Tool, HOPE Questions for Spiritual Assessment, or organization-specific flow sheets to monitor progress and ensure evidence-based care (Adams, 2015).
- Because spiritual care is multidisciplinary, spiritual documentation needs to be viewed by all health care providers, including physicians, nurses, chaplains, and social workers to ensure integrated, patient-centered care.

TABLE 22.2 Formal Spiritual Assessment Frameworks

FRAMEWORK	COMPONENTS
FICA (Puchalski & Romer, 2000)	*F:* Faith and belief *I:* Importance of faith *C:* Faith community involvement *A:* Address spirituality or spiritual practices in care
SPIRIT (Maugans, 1996)	*S:* Spiritual belief system *P:* Personal spirituality *I:* Integration and involvement in a spiritual community *R:* Ritualized practices and restrictions *I:* Implications for medical care *T:* Terminal-events planning (advance directives)
HOPE (Anandarajah & Hight, 2001)	*H:* Sources of hope, meaning, comfort, strength, peace, love, and connection *O:* Organized religion *P:* Personal spirituality and practice *E:* Effects on medical care and end-of-life issues

and friends, social supports, employment, or day-to-day life activities outside the health system. Nurses should encourage the patient to lead these conversations and pay attention to nonverbal cues such as facial expression or tone of voice; for instance, when a patient's eyes brighten at the mention of a particular event or person, that subject can be identified as a meaningful aspect of the patient's life.

Patients are at high risk for **spiritual distress** (belief or value system disruption) in certain health situations that threaten their meaning and sense of purpose in life. For example, patients may have spiritual needs when learning of a life-changing diagnosis or experiencing a health crisis. Patients may require spiritual care when making health care decisions. These types of situations require that patients reflect on meaning and purpose in life, personal values, and the way their decisions affect others. Patients may need assistance during these at-risk times to lessen the degree of their spiritual distress. Nurses must be alert to such situations so that they can intervene appropriately.

Patients exhibit spiritual needs using both verbal and nonverbal cues. In many cases, spiritual distress may be expressed as anger, depression, neediness, or crying. Nurses need to be attentive to the patient's health situation and behaviors to determine whether spiritual care is needed.

Nurses should be observant of potential religious needs. Religious people often use certain expressions such as in their day-to-day conversations—"God willing" or "blessings." Religious objects in the patient's room, such as holy books, religion-oriented jewelry, or prayer objects, may indicate a religious orientation to spirituality. To promote spiritual health, nurses must be attentive to these verbal, nonverbal, environmental, and situational patient cues indicating a need for spiritual care and must recognize the patient's spiritual or religious orientation. Examples of patient cues are provided in Table 22.3.

1. What situational and verbal cues in R. G.'s case indicate a need for spiritual care?

NURSING DIAGNOSIS LO 22.5

Multiple nursing diagnoses are available to help address patient concerns related to spirituality. After a thorough spiritual assessment, the nurse can determine which nursing diagnoses are most appropriate to address the patient's unique needs. International Classification for Nursing Practice (ICNP) nursing

diagnoses that may be identified for patients exhibiting spiritual needs include:

Spiritual Distress
- Supporting Data: Chronic illness, expressions of hopelessness, statements indicating concern over the recent inability to pray

Moral Distress
- Supporting Data: Cultural conflict between medical treatment and religious beliefs, expressions of concern about rejection by religious community, hesitation in accepting blood transfusion

Decisional Conflict
- Supporting Data: Unclear personal beliefs, questioning of personal beliefs while making decisions, delayed decision making

TABLE 22.3 Spiritual Assessment Cues

PATIENT CUE CATEGORY	EXAMPLES
Verbal	• Asks for prayer or chaplain • Asks if the nurse has time to talk • Talks about topics related to life, death, or purpose • Talks about faith • Uses religious words in conversation • Asks frequent questions about diagnosis; needs to talk • Expresses concerns about family
Nonverbal	• Exhibits neediness • Is angry or noncompliant • Seems depressed or withdrawn • Has emotional outbursts and cries quietly
Environmental	• Has religious books, jewelry, or symbols and/or has prayer objects • Displays family pictures
Situational	• Has a life-threatening diagnosis or life-changing condition • Is facing death • Faces treatment decisions

PLANNING LO 22.6

TJC standards affirm the importance of spirituality and spiritual well-being with regard to improved patient outcomes. Based on assessment findings and identified nursing diagnoses, nurses must individualize and prioritize care for every patient (Table 22.4). It is the nurse's responsibility to decide the order in which spiritual concerns and other patient problems need to be addressed.

As appropriate, the spiritual needs component of the care plan should include specific goals or outcome statements, as in the following examples:
- "Patient will report the ability to pray after counsel by the hospital chaplain."
- "Patient will report acceptance of medical interventions that are consistent with personal religious beliefs and medical necessity within 48 hours."
- "Patient will discuss treatment choices with a trusted confidant to explore acceptable options before beginning treatment next week."

A patient's spiritual adviser, clergy person, rabbi, or imam is an important member of the interdisciplinary health care team. In the absence of a personal spiritual adviser identified by the patient, many medical facilities have interfaith chaplaincy departments to assist in providing appropriate spiritual care. When nursing diagnoses involving spiritual concerns emerge during the assessment process, collaboration with and patient referrals to the hospital chaplain may be indicated (Box 22.5).

QSEN FOCUS!

Nurses need to value the unique attributes of all members of the health care team, including spiritual advisors and clergy, to provide care that fully addresses the spiritual needs of patients.

IMPLEMENTATION AND EVALUATION LO 22.7

Spiritual care interventions are purposeful actions to promote another person's spirituality. Recognizing a spiritual need and

TABLE 22.4 Care Planning

ICNP NURSING DIAGNOSIS WITH SUPPORTING DATA	NURSING OUTCOME CLASSIFICATION (NOC)	NURSING INTERVENTION CLASSIFICATION (NIC)
Spiritual Distress Chronic illness Expressions of hopelessness Statements indicating concern over the recent inability to pray	*Coping* Reports increase in psychological comfort	*Coping enhancement* Encourage the use of spiritual resources, if desired.

From Butcher, H. K., Bulechek, G. M., Dochterman, J. M., & Wagner, C. (2018). *Nursing interventions classification (NIC)* (7th ed.). St. Louis, MO: Mosby; Moorhead, S., Swanson, E., Johnson, M., & Maas, M. (Eds.) (2018). *Nursing outcomes classification (NOC)* (6th ed.). St. Louis, MO: Mosby. ICNP is owned and copyrighted by the International Council of Nurses (ICN). Reproduced with permission of the copyright holder.

BOX 22.5 INTERPROFESSIONAL COLLABORATION AND DELEGATION

Chaplains as Members of the Health Care Team

- Nurses should make chaplaincy referrals when a patient demonstrates or verbalizes a need for spiritual care, and they should follow up to make sure that patient's spiritual needs are being met. Research indicates that nurses make the most patient referrals to chaplains than any other members of the health care team (Marin, Sharma, Sosunov, et al., 2015).
- In health care facilities with well-functioning departments of spiritual ministry, frequent communication takes place with the interdisciplinary team that consists of nurses, chaplains, physicians, social workers, case managers, and other care providers.
- Chaplains should be asked to attend care conferences at which they can provide spiritual insight and participate in planning holistic health care for patients.
- Chaplains constitute an excellent resource for providing spiritual counseling for nurses who work on all types of units, especially those that are spiritually challenging, including emergency departments, pediatric burn or oncology units, and hospice or intensive care units, where the patient's spiritual needs often are intense (O'Brien, 2014).
- Patient satisfaction scores after hospitalization are consistently higher when chaplains have visited during the patient's hospital stay (Marin, Sharma, Sosunov, et al, 2015).

providing spiritual interventions may happen spontaneously. When the nurse recognizes a patient cue, it is important to first be present and actively listen to the patient in a compassionate manner with eye contact. The nurse can further determine whether the patient requires assistance that promotes reflection, connections with others, or faith rituals. The nurse may initiate reflective interventions by stating, "This must be a difficult time for you. Much has changed. What are you thoughts (or feelings)?" In many cases such discussions involve exploring and searching for meaningful aspects of a situation and the subsequent impact on loved ones. Discussion also may include life plans or health care decision making.

Promoting connectedness with others implies that family and friends are providing the spiritual care; the nurse's role is to encourage that connection and/or to eliminate barriers in the environment that are inhibiting this connectedness. Appropriate interventions can include navigating policies and procedures related to visitation and assisting families to overcome fear related to medical equipment and technology (such as ventilators or cardiac monitors).

To initiate connections with others, the nurse may ask, "Is there someone with whom you would like to talk? Can I call family or friends?" If family is available, the nurse may encourage interaction by saying: "You have much to talk about. Is there anything I can do? Do you need more information? Let me give you privacy so you can talk." Nurses need to individualize their spiritual care based on careful assessment of the environment and recognition of spiritual connections among family members.

2. What spiritual care was provided by the nurse to R. G.?

To promote connection with a higher power, nurses can call the chaplain for patients. Board-certified chaplains are sensitive to patients' cultural and faith differences, understand the dynamics of the health care system, and are fully accountable members of the health care team (Ruth-Sahd et al., 2018). Some nurses offer to pray with patients, but this is contingent on the institution's policies and procedures as well as the nurse's comfort with prayer. If the patient asks the nurse to pray and the nurse is uncomfortable participating in this practice, it is best to allow the patient to lead the prayer. Spiritual care includes facilitating religious rituals. Some religious rituals may be contrary to hospital policy (e.g., lighting candles). Nurses need to collaborate with chaplains and administration to maximize religious expression. A variety of nursing interventions can be implemented for patients experiencing spiritual concerns:

- Allow time and opportunity for self-disclosure by the patient.
- Be physically present and actively listen when the patient speaks.
- Support avenues to spiritual growth that are meaningful to the patient, such as praying, meditating, listening to music, viewing or creating art, or reading or writing poetry.
- Arrange for regular visits from religious advisers.
- Monitor and promote supportive social contacts.
- Integrate the family into spiritual practices, as appropriate.
- Avoid sharing personal beliefs that are in direct conflict with those of the patient.
- Refer the patient to or arrange for the patient to engage in a support group or counseling, as appropriate.

3. List additional spiritual care measures that may be helpful to R. G.

IMPACT ON THE NURSE

Although the purpose of providing spiritual care is to promote the patient's spiritual health, providing spiritual care also can affect the nurse. Nurses frequently encounter spiritually upsetting situations that may place them at risk for spiritual distress themselves. Nurses who are in spiritual distress may not have the energy to provide spiritual care to their patients. Research has indicated that poor spiritual health can lead to burnout.

To avoid the long-term negative effects of spiritual distress, nurses must attend to their own spiritual health by engaging in spiritual practices that promote their own personal reflection. Because reflection is a time of searching for meaning in a past experience, it can be facilitated by journaling, quiet time, gardening, music, artwork, exercise, or prayer and meditation. Reflecting on a patient–nurse encounter can transform a sad, spiritually distressing encounter (e.g., death of a patient) into a positive spiritual memory, thereby facilitating spiritual growth.

Code Lavender is an evidence-based emotional support strategy implemented in some hospitals after extremely stressful

situations such as patient deaths. It is implemented "when challenging situations threaten unit stability, personal emotional equilibrium, or professional functioning" (Stone, 2018). Code Lavender teams may include chaplains, holistic nurses certified in complementary therapies, music therapists, art therapists, employee assistance representatives, and ethics professionals. In research conducted by Davidson et al. (2017), 100% of participants in a Code Lavender experience found it to be helpful and 84% would recommend it to others.

Providing spiritual care, coupled with reflective practice, can help the nurse grow spiritually. Nurses who work in specialties that require frequent spiritual care (e.g., hospice, oncology) typically report that upon reflection, they are able to find meaning and a sense of privilege in this work. Without reflective practice, providing frequent spiritual care in distressing situations can lead to spiritual distress and an inability to provide spiritual care in the future. Research has consistently demonstrated that people in spiritual distress have difficulty providing spiritual care (Baldacchino, 2007; Wallace et al., 2008). Therefore nurses need to attend to their own spiritual health to provide spiritual care. Spiritual care is central to nursing practice, is fulfilling, and is one of the reasons that nurses stay in the profession.

4. What reflective activities did the nurse perform herself while caring for R. G.?

! SAFE PRACTICE ALERT

Spiritual care is a nursing care requirement. Promoting spiritual health in patients promotes physical, psychological, and social well-being.

EVALUATION

After each intervention designed to help patients meet their spiritual care goals, evaluation of the outcome criteria must be completed. Evaluation of goals to address spiritual needs may be difficult to quantify. Nurses should be attentive to physical indications of patient improvement, nonverbal cues, and statements regarding patients' spiritual well-being. Congruency between objective and subjective evaluation data is important to discuss with the patient to help validate goal attainment. After determining the degree to which the patient's spiritual goals were met, the nurse works with the patient to continue, modify, or discontinue the plan of care.

The importance of providing holistic patient care that includes spiritual care cannot be overstated. Nurses must recognize the impact of spirituality on personal health and facilitate the ability of patients to stay connected to their sources of spiritual support during illness or crises.

SUMMARY OF LEARNING OUTCOMES

LO 22.1 *Describe spirituality and spiritual practices in which people may engage:* Spirituality focuses broadly on the meaning of life and existence. Engaging in reflection, connecting with others through relationships, and connecting with a higher power through faith rituals are spiritual practices that enhance spiritual wellness.

LO 22.2 *Discuss religion and religious practices that can promote spiritual health:* Religion is an organized, structured method of practicing or expressing one's spirituality. Religious rituals such as ceremonies celebrating births, marriages, and the lives of individuals who have died help people share significant events that bring meaning to life.

LO 22.3 *Identify ways in which nurses provide spiritual care:* Nurses provide spiritual care when they recognize the interconnectedness of the physical, cultural, and spiritual realms and actively seek to understand and provide for a patient's holistic needs. Faith community nursing is a professional specialty in which registered nurses practice holistic care within a faith community.

LO 22.4 *Explain the use of spiritual assessment frameworks:* Spiritual assessment frameworks guide nurses in gathering key assessment data such as identification of patient faith and belief systems, valued religious rituals, and implications for medical care.

LO 22.5 *Articulate nursing diagnoses appropriate for the care of patients with spiritual concerns:* Spiritually focused nursing diagnoses include *Spiritual Distress, Decisional Conflict, Moral Distress,* and *Conflicting Religious Belief.*

LO 22.6 *Describe the interdisciplinary aspects of planning when spiritual needs are identified:* Spiritual advisers are an integral part of the interdisciplinary health care team and should be included in care conferences with nurses, physicians, social workers, case managers, and others when spiritual concerns emerge during the assessment process.

LO 22.7 *Create a care plan that includes personalized spiritual care interventions and evaluation criteria:* Spiritual care interventions are purposeful actions to promote another's spirituality that include encouraging conversation on topics of concern, actively listening when spiritual matters are shared, and promoting interaction with support people, including spiritual advisers, friends, and family. Evaluation of goals to address spiritual needs may be difficult to quantify. Nurses should be attentive to physical indications of patient improvement, nonverbal cues, and statements regarding the patient's spiritual well-being.

Responses to the critical-thinking questions are available at *http://evolve.elsevier.com/YoostCrawford/fundamentals/.*

REVIEW QUESTIONS

1. The nurse is caring for a 16-year-old boy receiving chemotherapy for testicular cancer. He says that his parents are religious and left a cross next to his bed for "good luck." What is the most appropriate response by the nurse?
   a. "Would you like to talk with a chaplain?"
   b. "Sounds like you are not very religious."
   c. "How well do you get along with your parents?"
   d. "What helps you get through tough times?"
2. Which interventions are considered helpful to assist nurses coping with the unexpected death of a patient for whom they cared for many weeks? *(Select all that apply).*
   a. Attending a Code Lavender with unit colleagues
   b. Journaling personal reflections surrounding the death of the patient
   c. Scheduling to work to a different shift than the one regularly worked
   d. Arranging a consultation with the unit manager to discuss a possible unit transfer
   e. Setting aside time for relaxation activities such as painting, gardening, or exercising
3. The nurse has been caring for a patient who just died. The patient's daughter is crying uncontrollably, saying, "She was my best friend. I thought she would make it! I don't know what I am going to do." What is the nurse's best response?
   a. Express sympathy and ask if she would like to talk with a chaplain.
   b. Give the daughter time to cry in her mother's room alone.
   c. Ask the daughter if her father is still living.
   d. Inquire if the daughter would like to pray.
4. A nurse assigned to the neonatal intensive care unit (NICU) has spent most of a day working with a critically ill infant, with the mother standing by. The infant experiences a cardiac arrest and does not survive. The mother spends an hour crying and holding the baby, saying good-bye. Which spiritual care interventions are most appropriate for the nurse to implement? *(Select all that apply.)*
   a. If desired, briefly hold the baby to say good-bye after the mother leaves.
   b. Follow procedures to prepare the body for transport to the morgue.
   c. Visit the mother the next day to see how she is doing.
   d. Call the family spiritual adviser or the chaplain.
   e. Ask the mother if you could call a family member or friend to be with her.
5. Which statement by a patient best illustrates reflection on a spiritual need?
   a. "My husband told me what to do about this situation, and I'm sure he's right."
   b. "There is little I can do now to change my circumstances. I just need to adapt."
   c. "I need to think a little more about how I feel about undergoing this treatment."
   d. "Whatever the physician wants to do is fine. I don't have much of an option."
6. What is the most important aspect of providing spiritual care in nursing practice?
   a. Call a chaplain.
   b. Complete the FICA spiritual assessment and refer as needed.
   c. Recognize situations and patient behaviors indicating a spiritual need.
   d. Spend some time in self-reflection.
7. When caring for patients who are Jewish, how best can the nurse address their religious needs?
   a. Order a kosher diet.
   b. Allow time for prayer before each meal.
   c. Ask about religious holidays, particularly religious practices around the Sabbath.
   d. Ask about religious practices affecting care.
8. The nurse is caring for a 45-year-old woman who is a breast cancer survivor. What activity associated with her cancer experience will promote this patient's spiritual well-being?
   a. Attending church every week
   b. Ensuring she follows her medication regimen
   c. Genetic testing on family members
   d. Speaking about her cancer experience to increase breast cancer awareness
9. The nurse is caring for a religious patient who is going to surgery the next day. The patient states that she is afraid and asks the nurse to pray with her, although the nurse is not religious. What is the most appropriate response by the nurse?
   a. "I am not confident praying, but I will think about you tomorrow."
   b. "I need to take care of other patients right now, but I will be back."
   c. "I am uncomfortable praying. May I call the chaplain for you?"
   d. "I don't do that. Nurses are not allowed to do that at our hospital."
10. How do people who participate in organized religion differ from nonreligious people?
    a. Religious people are healthier than spiritual people.
    b. Religious people are more spiritual than nonreligious people.
    c. Religious people express their spirituality through faith traditions.
    d. Religious people have spiritual practices, whereas nonreligious people do not have spiritual practices.

Answers and rationales for the review questions are available at *http://evolve.elsevier.com/YoostCrawford/fundamentals/.*

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